

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2	1		2			
3	2		2			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	2		2			
16	2		2			
17	2		2			
18	2		2			
19	2		2			
20	1		1			
21	1		1			
22	1		1			
23	3		3			
24	1		1			
25	1		1			
26	1		1			
27	1					
28	1		1			
29	1		1			
30	1		1			
31	1		1			
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46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DER.			34			
TOTAL CLAIMS			39			

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
51								
52								
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100								
TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS